

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE MAR 31 2021	Name or number of rule(s): Title 23: Medicaid, Part 223: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Chapter 4: Private Duty Nursing and Chapter 5: Personal Care Services, Rule(s) 4.8: Reimbursement, 5.8: Reimbursement.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to correspond with MS SPA 20-0002 that added coverage and reimbursement of PDN and PCS for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries.

Specific legal authority authorizing the promulgation of rule: SPA 20-0002, 42 C.F.R. §§ 440.80, 440.167, and 447.201.

List all rules repealed, amended, or suspended by the proposed rule: 4.8, 5.8

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


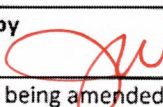
ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): JUN 01 2021	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by #25434 	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



Michael Watson

SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS
EMAIL Margaret.Wilson@medicaid.ms.gov	ZIP 39201	
DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 223: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Chapter 4: Private Duty Nursing and Chapter 5: Personal Care Services, Rule(s) 4.8: Reimbursement, 5.8: Reimbursement.		
Specific Legal Authority Authorizing the promulgation of Rule: SPA 20-0002, 42 C.F.R. §§ 440.80, 440.167, and 447.201	Reference to Rules repealed, amended or suspended by the Proposed Rule: 4.8, 5.8	

A. Estimated Costs and Benefits

- Briefly summarize the benefits that may result from this regulation and who will benefit:
This rule provides coverage for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) beneficiaries that require a level of at-home care beyond what can be provided by a relative.
- Briefly describe the need for the proposed rule: *This filing ensures the delivery of PDN services by licensed nurses and PCS services by certified nursing assistants.*
- Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
The proposed rule will have a beneficial effect on the health, safety and welfare of beneficiaries served by PDN providers.
- Estimated Cost of implementing proposed action:
 - To the agency
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - To other state or local government entities
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
- Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - Cost:
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - Economic Benefit:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

6. Estimated impact on small businesses:
- ☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
- a. Estimate of the number of small businesses subject to the proposed regulation: *N/A*
- b. Projected costs for small businesses to comply: *N/A*
- c. Statement of probable effect on impacted small businesses: *N/A*
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- ☒ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than
8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- ☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☒ moderately more than
☐ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
- ☐ yes ☒ no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *N/A*

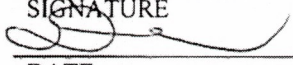
C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The estimated economic impact is an annual savings of \$4,257,324. This savings will be derived through the replacement of PDN services by PCS for eligible beneficiaries who require at-home care, but do not require the skills of a licensed practical nurse (LPN) or a registered nurse (RN). PCS will instead be rendered by a certified nurse assistant (CNA). Based on utilization data, it is estimated that 40% of PDN beneficiaries receiving care from an LPN and 25% of PDN beneficiaries receiving care from an RN could receive care from a CNA. This annual savings also includes supervisory visits by an RN two times a month for PCS and one time a month for an LPN at a rate of \$34.00 per hour. By replacing reimbursement for 40% of billed LPN units and 25% of billed RN units with CNA units (at a rate of \$17.24/billed unit), savings for MCO and FFS beneficiaries are estimated to be a total of federal savings of \$3,310,495 and state savings of \$946,829 for FFY 2021 when accounting for the Federal Fiscal Year (FFY) 2021 FMAP of 77.76%.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?
- Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov. Comments will*

be available for public review at the above address and on the Division of
Medicaid's website at www.medicaid.ms.gov.

SIGNATURE 	TITLE Drew L. Snyder, Executive Director
DATE MAR 3 1 2021	PROPOSED EFFECTIVE DATE OF RULE JUN 0 1 2021